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	FRANSMITTAL	Filing Date	6/25/2003			
		First Named Inventor	TAKAMI			
	Te manufacture of the second	Art Unit	2626			
	Total Number of Pages in This Submission	Examiner Name	Talivaldis Ivars SMITS			
	Total Number of Pages in This Submission	Attorney Docket Number	01-437			

ENCLOSURES (Check all that apply)											
X	Fee Trans	mitta	il Form		Drawing			After A	Allowance communication to (TC)		
	☑ Fee Attached ☑ Amendment / Reply ☐ After Final		ched		Licensin	g-related Papers	[Appeal Communication to Board of Appeals and Interferences			
×			ent / Reply		Petition			Appeal Communication to TO (Appeal Notice, Brief, Reply Brief			
<u>.</u>			al	Petition to Convert to a Provisional Application			[Proprietary Information			
	☐ Affi	davits	s/declaration(s)			of Attorney, Revocation of Correspondence Addres	_{is} [] Statu	s Letter		
	Extension	of Ti	me Request	. 🗆	Termina	al Disclaimer		Other Enclosure(s) (please below):			
Express Abandonment Request			Reques	t for Refund	refe	Form 1449 listing 3 non-US patent references and 1 foreign office communication; and					
X	Information	n Disc	dosure Statement	CD, Number of CD(s)				3 non-US patent references, and 1 foreign office communication with English translation			
	Certified C		of Priority		□ _{La}	ndscape Table on CD					
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			lication issing Parts under	Rem	arks						
			SIGI	VATUR	E OF AP	PLICANT ATTORNEY,	OR AGE	NT			
Firm Na	me .	Pos	z kaw Group, PLQ)						
Signatu	ге	6	istle N	ul							
Printed	name	Cyn	thia K. Nicholson		•						
Date		30 N	/lay 2008				Reg. N	o. 36,88	0		
	CERTIFICATE OF TRANSMISSION/MAILING										
sufficier	I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.										
Signatu	re										
Typed o	Typed or printed name							Date			

FEE TRANSMITTAL

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 180

METHOD OF PAYMENT (check all that apply)

Check None Cother (please identify):

Name (Print/Type)

Application Number	10/602,687
Filing Date	6/25/2003
First Named Inventor	TAKAMI
Examiner Name	Talivaldis Ivars SMITS
Art Unit	2626
Attorney Docket No.	04 427

30 May 2008

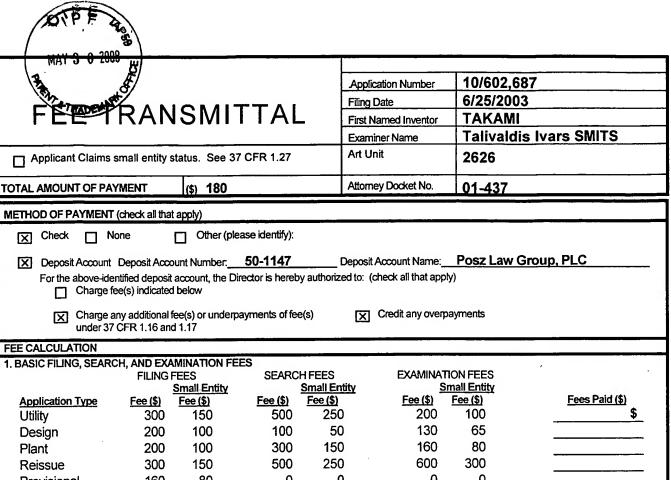
Date

METHOD OF PAYMENT (check all that apply)									
Check None Other (please identify):									
Deposit Account Deposit Account Number. 50-1147 Deposit Account Name: Posz Law Group, PLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below									
	y additional fe FR 1.16 and	e(s) or underpa 1.17	yments of fe	e(s) 🔀	Credit any oven	payments			
FEE CALCULATION									
1. BASIC FILING, SEARCH	FILING F		SEARC	H FEES Small Entity		ΠΟΝ FEES Small Entity	*		
Application Type		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100	\$		
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	160	80	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for R Each independent claim over Multiple dependent claims							Small Entity Fee (\$) Fee (\$) 50 25 210 105 370 185		
Total Claims - 20 or HP =	Extra Claims	<u>Fee</u> x	<u>: (\$)</u> =	Fee Paid (\$)		Multiple Depende Fee (\$)			
HP = highest number of total dai	ms paid for, if gr	eater than 20			•				
Indep. Claims - 3 or HP =	Extra Claims	<u>Fee</u> x	<u>: (\$)</u> =	Fee Paid (\$)					
HP = highest number of indepen	dent claims paid	for, if greater than	13		•				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other: Information Dis	closure State	ment				 	180		
SUBMITTED BY							**		
Signature	d	NI		egistration No.	36,880	Telep	hone (703) 707-9110		

	RE .	Application Number	10/602,687		
/]	RANSMITTAL	Filing Date	6/25/2003		
	м 3 0 2008 gg FORM	First Named Inventor	TAKAMI 2626		
13	Total Number of Pages in This Submission	Art Unit			
10	for all correspondence after initial filing)	Examiner Name	Talivaldis Ivars SMITS		
	Total Number of Pages in This Submission	Attorney Docket Number	01-437		

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ENCLOSURES (Check all that apply)										
X				Drawing(s)			After Allowance communication to (TC)			
	▼ Fee Attached			Licensing-relate	ed Papers		Appeal Communication to Board of Appeals and Interferences			
×	Amendment /	ment / Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
	☐ After F	inal		Petition to Cor Provisional Ap			Proprietary Information			
	☐ Affidav	its/declaration(s)		Power of Attorn	ey, Revocation espondence Address		Status Letter			
	Extension of	Time Request		Terminal Discla		X	Other Enclosure(s) (please identify below):			
	Express Abar	donment Request		Request for Re	fund	refere	Form 1449 listing 3 non-US patent references and 1 foreign office communication; and			
×	Information Di	sclosure Statement	CD, Number of CD(s)		3 non	3 non-US patent references, and 1 foreign office communication with English translation				
	Certified Copy of Priority Document(s)			☐ Landscap	e Table on CD					
l L				narks						
	Reply to Miss		[1.01.	idiko						
	Incomplete A	· •								
	37 CFR	Missing Parts under 1.52 or 1.53								
		SIG	NATUR	E OF APPLICA	NT, ATTORNEY, O	RAGEN				
Firm N	ame P	osz kaw Group, PLQ)						
Signati		Carolli N	M							
Printed	name C	ynthia K. Nicholson								
Date	Date 30 May 2008		R			Reg. No.	eg. No. 36,880			
					ANGRES (10 N/85 A 11)	NC				
CERTIFICATE OF TRANSMISSION/MAILING										
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Signat	ture									
Typed or printed name							Date			



Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fe</u>	<u>es Paid (\$)</u>
Utility	300	150	500	250	200	100		\$_
Design	200	100	100	50	130	65	<u></u>	
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	160	80	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							<u>Fee (\$)</u>	
Each claim over 20 or, for F	Reissues, ead	ch daim over	20 and more tha	ın in the origina	l patent		50	25
Each independent claim ov	er 3 or, for R	eissues, eac	h independent da	aim more than	in the original patent		210	105
Multiple dependent daims							370	185
Total Claims	Extra Clair	<u>ns</u>	Fee (\$)	Fee Paid (\$)			endent Claims	.1 (4)
- 20 or HP =		x _	=			<u>Fee (\$)</u>	Fee Paid	<u>a (\$)</u>
HP = highest number of total cla	aims paid for, if	greater than 20)					
Indep. Claims	Extra Clair	<u>ns</u>	Fee (\$)	Fee Paid (\$)				
- 3 or HP =		× _	=					
HP = highest number of indepe	ndent daims p	aid for, if greate	er than 3					
3. APPLICATION SIZE FE							•	
If the specification and drav	vings exceed	100 sheets	of paper, the app	lication size fee	due is	\$ (\$ for	r small entity)	
for each additional 50			See 35 U.S.C.	41 (a)(1)(G) an	d 37 CFR 1.16(s).			
<u>Total Sheets</u>	Extra SI	<u>neets</u>	Number of e		50 or fraction ther		<u>(\$)</u>	Fee Paid (\$)
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4. OTHER FEE(S)	-							Fees Paid(\$)
Non-English Specifica	ation,	\$130 fee	(no small entity d	iscount)				
Other, Information D	isclosure Sta	tement					_	180
							_	

Registration No.

(Attorney/Agent)

36,880

Telephone

Date

(703) 707-9110

30 May 2008

SUBMITTED BY

Name (Print/Type)

Cynthia K. Nicholson

Signature